

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90125 013 \*\*\*150.00

**DOCUMENT # P03000099665**

1. Entity Name  
**LIGHTHOUSE POINTE FINANCING GENERAL PARTNER,  
INC.**



Principal Place of Business  
**C/O GREENSPOON MARDER ET AL.  
210 E. PINE STREET, STE. 500  
ORLANDO, FL 32801**

Mailing Address  
**C/O GREENSPOON MARDER ET AL.  
210 E. PINE STREET, STE. 500  
ORLANDO, FL 32801**

**50051588**



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**76-0743670**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GRAY, N. DWAYNE JR  
201 EAST PINE STREET, SUITE 500  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*N. Dwayne Gray, Jr.*  
Signature, typed and printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

*4/29/05*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LUCCHESI, FABRIZIO
STREET ADDRESS	105 W. BEAVER CREEK, UNIT 9 & 10
CITY - ST - ZIP	RICHMOND HILL, ONTARIO CA.
TITLE	VP
NAME	MYERS, WILLIAM
STREET ADDRESS	105 W. BEAVER CREEK, UNIT 9 & 10
CITY - ST - ZIP	RICHMOND HILL, ONTARIO CA.
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*N. Dwayne Gray, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/05 407-425-6559*  
Date Daytime Phone #